

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee Nebo Media
Mailing Address PO Box 9825
City Arlington State VA Zip Code 22219
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Shalala, Donna, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 105538.00

Date of Public Distribution/Dissemination 10 / 19 / 2018
Amount 30142.31
Transaction ID : 001
Date of Disbursement or Obligation 10 / 18 / 2018
Office Sought: [x] House District: 27
[] President [] Senate State: FL
Disbursement For: [] Primary [x] General 2018 [] Other (specify)

Full Name of Payee FP1 Strategies
Mailing Address 3001 Washington Blvd, 7th Floor
City Arlington State VA Zip Code 22201
Purpose of Expenditure Media Production Category/Type 004
Name of Federal Candidate Shalala, Donna, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 107538.00

Date of Public Distribution/Dissemination 10 / 19 / 2018
Amount 2000.00
Transaction ID : 002
Date of Disbursement or Obligation 10 / 19 / 2018
Office Sought: [x] House District: 27
[] President [] Senate State: FL
Disbursement For: [] Primary [x] General 2018 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 32142.31, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 32142.31

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature Crosby, Caleb, , , [Electronically Filed] Date 10 / 20 / 2018